



LOWER SOUTHAMPTON TOWNSHIP  
POLICE DEPARTMENT

1500 Desire Avenue • Feasterville, PA 19053

Police Emergency: 911

Police Non-Emergency:

215-357-1234

Police Business:

215-357-1235

Police Fax:

215-357-1943

RIGHT-TO-KNOW LAW REQUEST FORM

Please print legibly

Date of request 6.11.2019

Request submitted by (circle one):    E-Mail    U.S. Mail    Fax    In-Person

#39175

Name of Requester: Caroline O'Donovan

Street Address of Requester: (optional) caroline.odonovan@  
buzzfeed.com

City / State / County: (optional) \_\_\_\_\_

Telephone Number of Requester: 312.725.6571

Lower Southampton Township Police Department may fill anonymous verbal or written requests. If the Requester wishes to pursue the relief and remedies provided for in this act, the request must be in writing (Section 702). Written requests need not include an explanation as to why information is sought or the intended use of the information unless otherwise required by law (Section 703).

I request [circle one] (review) (copies) (certified copies) of the following records.

IMPORTANT: You must identify or describe the records with sufficient specificity so that the Lower Southampton Township Police Department Right-To-Know Law Officer can determine which records are being requested. In order to fulfill requests the description of the incident is required. Incomplete descriptions will not be fulfilled. Please use additional sheets if necessary.

- a copy of the accident report dated 4/19/2018 for a crash involving Philadelphia resident  
Keith A. Heard and Sam Cabelus, who was killed in the accident, which occurred at the  
intersection of Bustleton Pike and Park Lane
- a copy of Keith A. Heard's arrest record dating from that accident, if one exists
- any documentation of an investigation into this accident that might be available

I certify that I am a legal resident of the United States.

Signed by: Caroline O'Donovan  
Signature of Requester  
F7FABA4F5B724AA...

ACC# 2018-0237  
20180419 03894-A

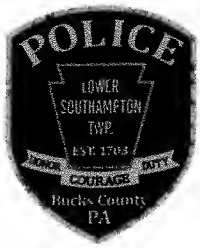
FOR POLICE DEPARTMENT USE ONLY

Right-To-Know Law Officer: \_\_\_\_\_

Date received by Police Department: \_\_\_\_\_

Police Department's response due by five (5) business days:    Partial    Denied

Form developed at LSPD in accordance with the Right-To-Know Law Section 505a.



# LOWER SOUTHAMPTON TOWNSHIP POLICE DEPARTMENT

1500 Desire Avenue-Feasterville, PA 19053

Police Emergency: 911  
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John T. Krimmel, Chief of Police

June 17, 2019

Caroline O'Donovan  
Buzzfeed

Thank you for appearing at the Lower Southampton Township Police Department and making a request for information pursuant to the Pennsylvania Right-To-Know Law. On **June 11, 2019** you requested documentation regarding **Incident 2018041903894-A a Traffic Accident Involving Death Case Investigation report which was investigated by Officer Robert Drechsel and a copy of Keith Heard's arrest record as a result of the above listed accident.** Your request for information has been denied for the following reason(s) as permitted by Section 708 of the Act.

The Lower Southampton Township Police Department has denied your request because all of the requested records pertain to a case file(s) relating to a criminal investigation/arrest or an incident report relating to a police department investigation which are exempt from disclosure under Section 708 (b) (16) (ii) of the Pennsylvania Right to Know Law (Regarding criminal investigations). The information requested must be subpoenaed through the courts, or received as discovery through the court process. You may also contact the District Court to obtain the complaint if the request is for a criminal complaint..

You have the right to appeal this denial of information in writing to Terry Mutchler, Executive Director, Office of Open Records, Commonwealth Keystone Building, 400 North Street, 4<sup>th</sup> Floor, Harrisburg, PA 17120. In the case of criminal records, you have the right to appeal to the Bucks County District Attorney's Office. The Right-To-Know Law Appeals Officer that has been appointed by the District Attorney is Karen Diaz, Esquire, Bucks County District Attorney's Office, 100 N. Main Street, 2<sup>nd</sup> Floor, Doylestown, PA 18901. 215-348-6344.

If you choose to file an appeal you must do so within 15 business days of the mailing date of the agency's response as enumerated in Section 1101 of the Act. If you have further questions, please feel free to contact me, the Lower Southampton Township Police Department Right-To-Know Law Officer. Please be advised that this correspondence will serve to close this record with our office as permitted by law.

Respectfully,



DETECTIVE SERGEANT GERALD SCOTT  
LOWER SOUTHAMPTON POLICE

Right-To-Know Law Officer/Records Officer  
Lower Southampton Township Police Department  
*Form developed at LSPD in accordance with Right-To-Know Law Section 505a.*

*Honor, Courage, Duty*

**COMMONWEALTH OF PENNSYLVANIA  
POLICE CRASH REPORTING FORM**

AA 500 1

Case Closed <b>No</b>	Reportable Crash <b>Yes</b>	Page <b>1</b>	Crash Number <b>F1406988</b>
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<b>1. Police Agency Data</b>			
Incident Number <b>2018041903894</b>	Reference Number <b>2018-0237</b>	Police Agency <b>09212</b>	Patrol Zone <b>1</b>
Agency Name <b>LOWER SOUTHAMPTON TWP POLICE DEPT</b>		Precinct <b>LOWER SOUTHAMPTON PD</b>	Investigation Date <b>2018-04-19</b>
Dispatch Time <b>14:51</b>	Arrival Time <b>14:53</b>	Investigator <b>OFC. ROBERT DRECHSEL</b>	Badge Number <b>55</b>
Reviewer <b>CPL. GEORGE JOLLY</b>		Badge Number <b>50</b>	Approval Date <b>2018-04-19</b>

<b>2. Crash Data</b>							
County <b>09</b>	County Name <b>BUCKS</b>		Municipality <b>212</b>	Municipality Name <b>LOWER SOUTHAMPTON</b>			
Crash Date <b>2018-04-19</b>	Crash Time <b>14:49</b>	No of Units <b>02</b>	People <b>02</b>	Injured <b>000</b>	Killed <b>001</b>	Day of Week <b>Thursday</b>	
Workzone <b>No</b>	School Bus Related <b>No</b>	School Zone Related <b>No</b>	PENNDOT Property Damage <b>No</b>				

<b>3. Loc Type</b>	
Intersection Type <b>"T" Intersection</b>	Special Location <b>Not Applicable</b>

<b>4. Principal Road</b>					House Number
Route Number <b>0532</b>	Segment (Optional)	Travel Lanes <b>04</b>	Speed Limit <b>35</b>		
Street Name <b>BUSTLETON</b>		Street Ending <b>PK</b>	Orientation <b>South</b>	For Mid-block crashes only.	
Route Signing <b>State Highway</b>					

<b>5. Intersecting Road</b>				
Route Number	Segment (Optional)	Travel Lanes <b>02</b>	Speed Limit <b>25</b>	
Street Name <b>PARK</b>		Street Ending <b>LN</b>	Orientation <b>West</b>	
Route Signing <b>Local Road or Street</b>				

<b>6. Distance From Landmark</b>					Feet <b>00000</b>
Landmark 1.	Intersecting Rt Num	or Mile Post	or Segment Marker		or Miles <b>00.0</b>
	or Intersecting Street Name		St Ending	Ramp Use Only <b>No Entry</b>	Distance From Crash Scene to Landmark 1
Landmark 2.	Intersecting Rt Num	or Mile Post	or Segment Marker		
	or Intersecting Street Name		St Ending	Ramp Use Only <b>No Entry</b>	

<b>7. GPS</b>			<b>7. GPS</b>		
Degrees	Minutes	Seconds	Degrees	Minutes	Seconds
Latitude :			Longitude :		

<b>8. TCD</b>	
Traffic Control Device <b>Not Applicable</b>	TCD Functioning <b>No Entry</b>

<b>9. Lane Closure</b>	
Lane Closed <b>Fully</b>	Lane Closure Direction <b>South</b>
Traffic Detoured <b>Yes</b>	Est. Time Closed <b>1-3 hrs</b>

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POLICE CRASH REPORTING FORM

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Crash Number

F1406988

10. Unit Info

Type Unit **Motor Vehicle in Transport**

Commercial Vehicle **No**

11. Vehicle Driver / Pedestrian Information

Unit No **1** First Name **SAMUEL** MI **D** Date of Birth

Last Name  
**CABELUS**

Telephone Number

Address **121 LAKEVIEW DR** City **NEW HOPE** State **PA** Zip Code **18938**

Driver's License Number State **PA** Class **C/M**

Alcohol / Drugs Suspected **Unknown**

Alcohol Test Type **Blood**

Alcohol Test Results **0**

Driver or Pedestrian Physical Condition **Unknown**

Primary Vehicle Code Violation (1) Charged ? **No**

(2) **No**

(3) **No**

(4) **No**

Driver Presence **Driver Operated Vehicle**

Owner / Driver **Private Vehicle Owned/Leased by Driver**

12. Vehicle Information

Owner First Name **SAMUEL DA** Owner Last Name or Business Name **CABELUS**

Address **121 LAKEVIEW DR** City **NEW HOPE** State **PA** Zip Code **18938** Vehicle Make **YAMAHA**

VIN **JYA3HHE09RA067812** Model Year **1994** Vehicle Model

License Plate **9FM60** Reg. State **PA** Est. Speed **099** Vehicle Towed **Yes** Towed By **HARKINS TOWING**

Insurance **Yes** Insurance Company **PROGRESSIVE** Policy No. **16117858-0**

Trailing **0** No. of Trailing Units **No Entry** Unit Type Tag No Tag Year Tag State

Direction of Travel **S** Vehicle Position **Left Lane** Movement **Going Straight**

Vehicle Color **Blue** Vehicle Type **Motorcycle** Special Usage **Not Applicable**

Initial Impact Point **12:00** Damage Indicator **Disabling**

Gradient **Level** Road Alignment **Straight**

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Crash Number

**F1406988**

**10. Unit Info**

Type Unit **Motor Vehicle in Transport**

Commercial Vehicle **No**

**11. Vehicle Driver / Pedestrian Information**

Unit No **2** First Name **KEITH** MI **A** Date of Birth

Last Name

**HEARD**

Telephone Number

**2672134659**

Address **5839 2ND ST** City **PHILADELPHIA** State **PA** Zip Code **19120**

Driver's License Number State **PA** Class **C**

Alcohol / Drugs Suspected **No** Driver or Pedestrian Physical Condition **Apparently Normal**  
Alcohol Test Type **Test Not Given** Primary Vehicle Code Violation (1) **3322** Charged ? **Yes**  
Alcohol Test Results (2) **No**  
(3) **No**  
(4) **No**  
Driver Presence **Driver Operated Vehicle**

Owner / Driver **Private Vehicle Not Owned/Leased by Driver**

**12. Vehicle Information**

Owner First Name Owner Last Name or Business Name

**LAST MILE DELIVERED LLC**

Address **2251 W CABOT BLVD** City **LANGHORNE** State **PA** Zip Code **19047** Vehicle Make **FORD**

VIN **1FTYR2CMXJKA03089** Model Year **2018** Vehicle Model **TRANSIT**

License Plate **ZLF7833** Reg. State **PA** Est. Speed **099** Vehicle Towed **Yes** Towed By **HARKINS TOWING**

Insurance **Yes** Insurance Company **MANUFACTURER ALLIANC** Policy No. **1517010936203**

Trailing **0** No. of Trailing Units **No Entry** Tag No Tag Year Tag State

Direction of Travel **N** Vehicle Position **2-Direction Center** Movement **Turning Left**

Vehicle Color **White** Vehicle Type **Van** Special Usage **Not Applicable**

Initial Impact Point **04:00** Damage Indicator **Functional**

Gradient **Level** Road Alignment **Straight**

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Crash Number  
**F1406988**

13. EMS Agency <b>TRIHAMPTON</b>	Medical Facility: <b>N/A</b>
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14.

Unit No <b>1</b>	Person No <b>01</b>	Name <b>CABELUS, SAMUEL DAVID</b>			Date of Birth
		Address <b>121 LAKEVIEW DR</b>		Telephone Number	
		City <b>NEW HOPE</b>	State <b>PA</b>	Zip Code <b>18938</b>	EMS Transport <b>No</b>
A - Person Type		Driver		F - Safety Equipment Two	Motorcycle Eye Protection
B - Sex		Male		G - Ejection	Not Ejected
C - Injury Severity		Fatal Injury		H - Ejection Path	Not Ejected / Not Applicable
D - Seat Position		Driver - All Vehicles		I - Extrication	Not Extricated
E - Safety Equipment One		Motorcycle Helmet Used			

Unit No <b>2</b>	Person No <b>01</b>	Name <b>HEARD, KEITH A</b>			Date of Birth
		Address <b>5839 2ND ST</b>		Telephone Number <b>(267) 213-4659</b>	
		City <b>PHILADELPHIA</b>	State <b>PA</b>	Zip Code <b>19120</b>	EMS Transport <b>No</b>
A - Person Type		Driver		F - Safety Equipment Two	Multiple Air Bags Deployed
B - Sex		Male		G - Ejection	Not Ejected
C - Injury Severity		Not Injured		H - Ejection Path	Not Ejected / Not Applicable
D - Seat Position		Driver - All Vehicles		I - Extrication	Not Extricated
E - Safety Equipment One		Unknown			

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Crash Number  
**F1406988**

<u>Crash Description</u>	Angle
<u>Relation to Roadway</u>	On Travel Lanes
<u>Illumination</u>	Daylight
<u>Weather Conditions</u>	No Adverse Conditions
<u>Road Surface Conditions</u>	Wet

16. Unit(s) Event Information					
Unit No	Harm Event	L/R O/U	Most?	Utility Pole No	
01	Hit Unit 2		X		

Unit No	Harm Event	L/R O/U	Most?	Utility Pole No	
02	Struck By Unit 1		X		

## 18. Contributing Information

1. None                                  2. No Entry                                  3. No Entry

Unit No	01	1. Unknown	2.
Unit No	02	1. Unknown	2.

Unit No	01	1. No Contributing Action	3.
		2.	4.
Unit No	02	1. Improper/Careless Turning	3.
		2.	4.

Unit No	
Unit No	

Indicated Prime Factor	Unit No	Factor
Driver Action	02	Improper/Careless Turning

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Crash Number  
**F1406988**

**20. Diagram**

**21. Witness Name**

Address

Phone

1.

2.

**22. Narrative**

Accident Investigation Notification Issued?

No

Property Damage?

No

04/19/2018 21:23 OFC. ROBERT DRECHSEL

On Thursday, April 19, 2018 at approximately 1451 hours, I was dispatched to the intersection of Bustleton Pike and Park Lane for the report of an accident involving a collision between a van and a motorcycle and the operator of the motorcycle is pinned underneath the van.

**WEATHER CONDITION:**

The weather condition at the time was overcast with sporadic light rain and the roadway was wet. The approximate temperature was 51 degrees F (AccuWeather)

**ROADWAY:**

Bustleton Pike is a four lane roadway with a center turn lane. Two lanes run North and two lanes run South. The speed limit for Bustleton Pike is 35MPH.

Park Lane is a two lane roadway that runs East and West. The speed limit for Park Lane is 25MPH. Park Lane is located on the west side of Bustleton Pike. There is a stop sign at Park Lane but it is only for eastbound traffic turning onto northbound or southbound Bustleton Pike.

Forge Lane is a two lane roadway that runs East and West. The speed limit



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Crash Number

F1406988

22. Narrative and additional Witnesses

\*\*\* ADDITIONAL NARRATIVE:

for Forge Lane is 25MPH. Forge Lane is located on the west side of Bustleton Pike and is just south of Park Avenue. There is a stop sign for Forge Lane but it is only for eastbound traffic turning onto northbound or southbound Bustleton Pike.

The surface of Bustleton Pike, which is asphalt, was wet from rain.

VEHICLES/OPERATORS:

V1 is a blue and yellow 1994 Yamaha FZR600, Pa registration 9FM60, operated by Samuel David Cabelus(22YOM). Samuel Cabelus was wearing a black rain pants, reflective gray jacket, black helmet, gloves and brown boots.

V2 is a white 2018 Ford Transit van, PA registration ZLF7833, operated by Keith A. Heard(42YOM).

ACCIDENT:

V2, the white Ford Transit van being operated by Keith Heard(the headlights were not on), made a left turn out of Forge Lane and into the center turn lane of northbound Bustleton Pike near Park Lane. V2 was in the center turn lane and was attempting to make a left turn onto westbound Park Lane. V2 thought it was clear to make a left turn onto westbound Park Lane. V2 started to make the left turn at which point V1 struck the passenger's side of V2.

V1, the blue and yellow Yamaha FZR600 being operated by Samuel Cabelus, was traveling south on Bustleton Pike in the left lane of travel. As V1 approached Park Lane, V2 started to make a left turn from the northbound Bustleton Pike center turn lane in an attempt to turn onto Park Lane. As V2 was crossing over the left southbound lane of travel, V1, Cabelus, "dumped" the motorcycle on the right side of the motorcycle and slid with the motorcycle and made contact with the passenger's side lower portion of the sliding door and rocker panel of V2. Samuel Cabelus was found deceased underneath V2 by Cpl. Jolly. V1's brake light was illuminated post crash.

The final resting position of V2 was facing west partially in the right southbound travel lane of Bustleton Pike and the entrance to Park Lane. V1 was partially underneath V2 in the right travel lane of southbound Bustleton Pike.

OPERATOR OF V2 INTERVIEW (KEITH HEARD)

I spoke with the operator of V2, Keith Heard, who stated that he pulled out of Forge Lane and into the center turn lane of northbound Bustleton Pike. Heard stated that he was looking for Park Lane and came close to passing it. Heard stated that before he turned, he looked up and did not see cars and did not see the bike(V1) so he proceeded. Heard then heard a "thump" and stopped and thought he hit a pole. He also stated that the airbags activated and he

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**22. Narrative and additional Witnesses**

\*\*\* ADDITIONAL NARRATIVE:

was going to move his vehicle to see what happened but a passerby ran over to him and told him not to move his vehicle. Heard realized what happened after he got out of his van.

VEHICLE DAMAGE:

V1 sustained heavy damage to the front end of the motorcycle and other components of the motorcycle.

V2 sustained contact damage to the passenger's side of the vehicle. Crush damage was observed on the lower portion in the area of the sliding door.

Deputy Coroner Kristina Johnson arrived on scene and pronounced Samuel Cabelus deceased.

Harkins Towing towed the Ford Transit van and the Yamaha FZR600 to the 43PD impound yard. Vehicles may not be released.

Keith Heard is employed by Last Mile Delivered LLC. His supervisor is Dorothy Balmyre. Balmyre arrived on scene and was advised of the incident. Heard provided a written statement.

Bucks County DA's office was advised of the accident.

BWC and in car cameras recorded the event.

On September 30, 2018, after an investigation, Driver of V2, Keith Heard, was cited for making a left turn in front of V1, Samuel Cabelus, which resulted in a fatal motorcycle crash. PAVC Section 3322 Vehicle Turning Left.

Report Complete.

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Crash Number  
**F1406988**

24. Road Surface Type Blacktop

Special Jurisdiction No Special Jurisdiction

25. Unit Information

Unit No

1

Driver Restrictions Compliance Restrictions Complied With

Principle Impact Point Undercarriage

Driver Endorsement Compliance Required - Complied With

Avoidance Maneuver Other Avoidance Maneuver

Driver License Compliance Valid License For Class

Drug Test Type Blood

Under Ride Indicator Underride, Compartment

Drug Test Results Unknown Test Results

(Up to Four Results)

No Entry

No Entry

No Entry

Emergency Use Not In Emergency Use

25. Unit Information

Unit No

2

Driver Restrictions Compliance Restrictions Complied With

Principle Impact Point Undercarriage

Driver Endorsement Compliance Required - Complied With

Avoidance Maneuver No Avoidance Maneuver

Driver License Compliance Valid License For Class

Drug Test Type None

Under Ride Indicator No Override or Underride

Drug Test Results No Test Given

(Up to Four Results)

No Entry

No Entry

No Entry

Emergency Use Not In Emergency Use

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Crash Number  
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**26. Motorcycle Information**

Unit No <b>01</b>		Engine Size: 00600 cc		<u>Driver Protection ?</u>		<u>Helmet Type</u>		<u>Passenger Protection ?</u>		<u>Helmet Type</u>	
<u>Motorcycle Has?</u>		<u>The Driver Has?</u>		Eye Protection U		Full Helmet		Eye Protection			
Passenger N		MC Education U		Long Sleeves Y		Helmet Stay On N		Long Sleeves		Helmet Stay On	
Saddle Bag and/ or Trunk N				Long Pants Y		Helmet has DOT or Snell Designation Y		Long Pants		Helmet has DOT or Snell Designation	
Trailer N				Over Ankle Boots Y				Over Ankle Boots			

**27. Pedalcycles**

Unit No <input type="text"/>	Passenger?	Helmet?	Unit No <input type="text"/>	Passenger?	Helmet?
	Head Lights?	Rear Reflectors?		Head Lights?	Rear Reflectors?

**28. Pedestrian**

Unit No <input type="text"/>	Pedestrian Signals	Unit No <input type="text"/>	Pedestrian Signals
	Pedestrian Clothing		Pedestrian Clothing
	Pedestrian Location		Pedestrian Location

**29. Work Zone Type**

Work Zone Type	<u>Special Work Zone Characteristics</u>
Where in Work Zone?	<input type="checkbox"/> Lane Closure?
Work Zone Speed or Advisory Limit	<input type="checkbox"/> Road Closed with Detour?
Workers Present	<input type="checkbox"/> Work on Shoulder or Median?
Law Enforcement Officer Present	<input type="checkbox"/> Intermittant or Moving Work?
	<input type="checkbox"/> Flagger Control?
	<input type="checkbox"/> Other